

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586015

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | 7 | ↓ | 7 | ↓ | | ↓ |
| TOTAL DEP. | 57 | ← | 28 | ← | | ← |
| TOTAL CLAIMS | 64 | | 35 | | | |